Inter School Sports – Summer 2016

Tuesday 11th October 2016

Dear Parents and Caregivers,

As many of you are aware, the Summer Sport Competition is held on Friday mornings from 9am to 11am during Term 4. The senior school will be participating in three sports: Soccer, European Handball and Tennis. This year we will be walking to Ormond Park for our home games of soccer. European Handball and Tennis will be played at our school. Sarah, Ellen and Ian will hold all training during school hours.

All children need to wear their school sport T-shirt, these are available to purchase from the office ($16). Students will be provided with a playing top/jersey on the day, but school sports tops must be worn for interchange and hygiene reasons. All unit 1, 4 & 5 grade 5/6 students are expected to participate. Please keep this fixture handy at home for future reference. Soccer grounds for away matches are in brackets. European Handball and Tennis are always played at the school.

Round 1 - October 21st - AVPS v Flemington - HOME
Round 2 - October 28th - AVPS v North Melb - HOME
Round 3 - November 4th - Avondale v AVPS – AWAY (Avondale Heights Reserve)
Round 4 - November 11th - Moonee Ponds West v AVPS – AWAY (Maribyrnong Park)
Round 5 - November 28th - Holy Rosary v AVPS – AWAY (JJ Holland Park)
Round 6 - November 25th – **BYE – no game this week.**
Round 7 - December 2nd – AVPS v St Mary’s - HOME

**Back up day – December 9th (School and venue pending) – if required – you will have notice prior to this day.**

There are two things required for your child’s participation:

1. Please return the permission note by Tuesday 19th October 2016
2. Payment: Grade 5/6 students need to have paid the $40 Sports Levy for term 4 by Friday 21st October.

Regards,

Ian Lumb - Interschool Sports & PE Co-ordinator
Permission Form – Inter school Sports Summer 2016

I give permission for my child____________________ in Unit_______ to attend the inter school competition during the following dates 21/10/16 to 9/12/16. In the event of an accident or injury I give permission for the teacher in charge (Sarah, Ellen or Ian), where it is impractical to communicate with me, to authorise for my child to receive such medical treatment as may be deemed necessary.

I understand that my child will be travelling by Bus and/or walking to and from some venues.

Parent Name: .................................

Parent Signature.................................

Date........................................

Emergency Parent Phone Number on day of activity/excursion: ..................................................

Does your child suffer from a medical condition and/or require medication on the day of the activity/excursion?

YES/NO

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